



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

## CONTROLLED SUBSTANCE REGISTRATION RENEWAL APPLICATION FOR PRACTITIONERS

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Renewal fee: \$60 add \$75 late fee if postmarked after 12/31/04 = \$135**

**RETURN BY NOVEMBER 26, 2004 TO ENSURE TIMELY PROCESSING**

**\*IF THE ADDRESS ON THIS RENEWAL FORM IS DIFFERENT FROM THE ADDRESS ON YOUR  
DEA CERTIFICATE COMPLETE THE BACK OF THIS FORM\*  
(YOU MUST USE YOUR PRACTICE ADDRESS)**

1. Complete 'Personal Data' section
2. Sign and date renewal application
3. Attach readable copy of current DEA certificate (renewal will not be processed w/o copy of DEA)
4. Return to Board of Pharmacy with fee of \$60.00 **(by November 26 for timely processing)**

**YOUR CURRENT REGISTRATION EXPIRES 12/31/04**

AFTER THIS DATE YOU WILL NO LONGER BE AUTHORIZED TO PRESCRIBE, DISPENSE,  
ADMINISTER OR STORE CONTROLLED SUBSTANCES IN THE STATE OF IDAHO

### PERSONAL DATA - Since the last renewal of my Idaho Controlled Substance Registration:

1. I have \_\_\_\_ I have not \_\_\_\_ been diagnosed or treated for any mental illness, including alcohol or substance abuse or physical conditions that would impair my ability to perform any of the essential functions of my profession.
2. I have \_\_\_\_ I have not \_\_\_\_ been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state.
3. I have \_\_\_\_ I have not \_\_\_\_ had a professional license suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation).
4. I have \_\_\_\_ I have not \_\_\_\_ been charged, arrested, or convicted of a felony or misdemeanor or plead guilty in conjunction with a withheld judgment, involving controlled substances.

**If you checked "I have" to questions 2, 3, or 4 above, to avoid a delay in the processing of your renewal you must submit documentation with this renewal form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Applications received with incomplete information and/or without the proper fee and documentation  
will be returned unprocessed. This could result in a late fee.**